

**REGISTERED UNRECOGNIZABLE FOOD PROCESSING WASTE LAND APPLICATION ANNUAL REPORT
SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
NYSDEC REGION #:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:		
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Same as owner</i>			
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <i>Facility location address</i> <i>Owner address</i> <i>Other (provide):</i>			
<i>Preferred email address:</i> <i>Facility Contact</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<i>Preferred individual to receive correspondence:</i> <i>Facility Contact</i> <i>Owner</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<p>Did you operate in 2020? Yes; Complete this form.</p> <p align="center">No; Complete and submit Sections 1 and 8. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.</p>			

SECTION 2 – TRANSPORTER INFORMATION

NAME OF TRANSPORTER COMPANY:	
PART 364 NUMBER:	TRANSPORTER PHONE NUMBER:

SECTION 3 – SOURCE AND QUANTITY OF WASTE

Type of UFPW (i.e. whey, sludge, DAF, etc.): _____

Name of Food Processor: _____

Food Processor Address: _____

Total Quantity of UFPW Applied: _____

Total Acres Used for Application: _____ acres

*UFPW: Unrecognizable Food Processing Waste

SECTION 4 – UFPW NUTRIENT ANALYSIS

A minimum of three sampling analyses and laboratory results of the unrecognizable food processing waste as required under Part 360. Copies or original laboratory results must be attached.

Analysis Date =====>			
TKN (mg/kg)			
Ammonia Nitrogen (mg/kg)			
Nitrate (mg/kg)			
Total Phosphorus (mg/kg)			
Total Potassium (mg/kg)			
Calcium Carbonate Equivalence (%)			
Chlorides			
pH (s.u.)			
Total Solids(%)			

SECTION 5 – LAND APPLICATION FIELD(S)
Please provide example calculation for amount of nitrogen applied.
(Copy and use additional sheets if necessary)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs N/acre Nitrogen Applied: _____ lbs N/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

SECTION 6 – PROBLEMS

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also, identify any major procedural or operational changes during the reporting period. This should include odor complaints, marketing difficulties, major equipment failures, etc.

SECTION 7 - QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider:

SECTION 8 – CERTIFICATION

The Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9024

Email address: organicrecycling@dec.ny.gov

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-2 of 6 NYCRR Part 361 has been prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that false statement made herein are punishable pursuant to section 210.45 of the penal law.

Signature	Date
Name (Print)	Title
Email	
Address	City
State and Zip	(____)____-____ Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Waste Reduction and Recycling

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Waste Reduction and Recycling
625 Broadway
Albany, NY 12233-7253
Phone: (518) 402-8706

For Submission of Organics Recycling Annual Reports only:

Fax: (518) 402-9024

Email: organicrecycling@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman/David Gibb
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFannualreportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896
SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullough
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

September 2020